STANDARD FOR PLACEMENT OF CHILDREN IN FOSTER CARE

PURPOSE

The purpose of this standard is to provide direction and guidance to the Child and Family Services (CFS) program regarding child placements. This standard is intended to achieve statewide consistency to the development and application of CFS core services and will be implemented in the context of all applicable laws, rules, and policies. The standard will also provide a measurement for program accountability.

INTRODUCTION

Removing children from their families is disruptive and traumatic and can have long-lasting, negative effects. Children placed in out-of-home care often suffer many losses and can experience intense grief. Children experience many stressors as a result of removal, which adds to the initial trauma of maltreatment, including dealing with the abuse and/or neglect and having to cope with parental loss (Schneider & Phares, 2005). They are separated from their parents and possibly other family members. They are often separated from neighbors, friends, schoolmates, teachers and the security of a familiar environment. Additional losses may include those of pets, cherished possessions, babysitters or childcare providers, and other trusted adults.

The importance of maintaining a child's connections must be recognized and respected. Maintaining a child's connections to parents, siblings, family members and their community is essential to a child's well-being. Consistent with the child's best interest and special needs, CFS must prioritize placement with relatives, fictive kin, and foster parents with a significant relationship with the child.

Placements with siblings and relatives often positively affect these outcomes for children in foster care. Placement with relatives can reduce the distress and trauma a child may experience. Children who are placed with a relative typically feel comfortable and familiar as they often have an established relationship. Relative placements increase the likelihood of preserving sibling placements. In addition, placements with relative can play a vital role in achieving reunification. Relative placements often result in more frequent contact between the children in foster care and their parents. Placement with relatives promotes timely reunification and placement stability, as children placed with relatives experience fewer placement disruptions than children placed with non-related resource parents. Finally, preserving the child's existing connections and relationships to familiar adults is achieved through relative placement.

In addition, sibling connections are significant and must be taken into consideration for placement. Siblings can be a powerful source of emotional support and comfort to each other in

the aftermath of separation from their parents and in the face of transitioning into new living arrangements. Placing siblings together can serve many purposes including:

- Preserve or establish a healthy, rewarding bond between siblings who may or may not have had a significant prior relationship with one another.
- Minimize or mitigate the impact of separation from family and familiar surroundings.
- Repair and minimize the impact of trauma from abuse or neglect. Because of their shared experiences in their family, siblings understand each other and their shared history.

TERMS

Best Interests

Eight factors which, when combined, identify the current and potential individual needs of each child. The factors are the child's: emotional/behavioral needs; medical/physical needs; educational/developmental needs; cultural/religious needs; trauma history and past experiences; relationships with parents, relatives, siblings and current caretakers; child's interests and community connections; and child and family placement preference.

Child Functioning

A child's general behaviors, emotions, temperaments, and physical capacities. How a child is from day-to-day rather than focusing on points in time. This can be qualified by the chronological and developmental age of the child and includes: capacity for attachment, temperament, intellectual functioning, communication and social skills, expressing feelings, behavior, peer relationships, school performance, independence, motor skills, physical capacity, medical needs, mental health, routines/patterns, self-awareness and acceptance, sexual behavior, and trauma history.

Congregate Care

A placement setting, such as, a group home (licensed or approved home providing 24-hour care in a small group setting of 7-12 children) or institution (licensed or approved child residential care facility operated by a public or private agency and providing 24-hour care and/or treatment typically for 12 or more children who require separation form their own homes, or a group living experience). These settings may include nonaccredited residential schools, residential schools, transitional living, therapeutic outdoor programs, residential treatment facilities, or maternity homes.

General Placement

A type of placement where a licensed family is willing to accept for placement, from CFS, one or more unrelated children for the purpose of providing alternate care.

Fictive Kin or Kin

Fictive kin or kin are non-relatives who have a significant, family-like relationship with a child. Fictive kin or kin may include godparents, close family friends, clergy, teachers or members of a child's Indian tribe.

Fit and Willing Relative

A fit and willing relative must meet Idaho's definition of relative (Idaho Statute 16-1602(38)) and qualify as a licensed foster home and/or receive a positive adoption home study. The relative must also possess the protective capacities, be able and willing to recognize and provide for a child's special needs; provide a safe and nurturing home for the sibling group when the child is being placed with his or her siblings; ensure the child's safety, and follow-through with visitation, contact or relationship-building activities with the child prior to placement in their home.

Planned Placement Change

A Department recommended placement change that is typically positive with the intent to advance towards the achievement of the child's case plan/permanency goals, such as a placement with a relative/fictive kin or a pre-adoptive home. All planned placement changes are known to all parties and arrangements for the placement change have been made in advance.

Pre-Adopt Placement

A relative, fictive kin/kin or non-relative placement which has been identified as a child's adoptive placement through the Permanent Placement Committee process. Pre-Adoptive placements are formalized with the completion of an Adoptive Placement Agreement or Legal Risk Adoptive Placement Agreement.

Protective Capacities

Protective capacities are personal and caregiving, behavioral, cognitive and emotional characteristics that specifically and directly can be associated with being protective to one's young. Protective capacities are personal qualities or characteristics that contribute to vigilant child protection

Relative

A relative is a person related to a child by blood, marriage, or adoption (i.e. grandparent, great-grandparent, aunt, great aunt, uncle, great uncle, brother-in-law, sister-in-law, first cousin, sibling and half-sibling).

Resource Family

May include foster families, adoptive families, relatives, or fictive kin. The term broadly refers to anyone who provides a safe, stable, loving home for a child when the child's parents or guardians are unable to provide one.

Sibling

A sibling is a person who shares the same biological or adoptive mother and/or father of the child. Siblings may be full-siblings or half-siblings. Siblings include those children who would be considered a sibling if not for a disruption in parental rights, such as a termination of parental rights (TPR) or death of a parent.

Unannounced Placement Changes

Unannounced placement changes are unplanned and very rare. They are only utilized in situations in which there is an immediate safety threat to the child if they remain in their placement. These situations require immediate action by the agency to remove the child from the placement for purposes of ensuring their safety without providing proper notification to the resource family.

Unplanned Placement Changes

Unplanned placement changes are an unexpected disruption in the child's placement. Unplanned placement changes are typically not aligned with the child's permanency plan. Department recommended unplanned placement changes only include situations in which the case worker determines there is abuse or neglect or a substantial risk of abuse or neglect in the foster home. All externally initiated placement changes are unplanned.

CFS STAFF REQUIREMENTS

The standard provides information regarding CFS staff requirements, guidance and direction on implementation. Below are the requirements for CFS staff for this standard.

Initial Placement

- CFS staff must begin to explore the child(ren)'s placement preferences and ICWA placement preferences.
- CFS staff must find out the current location of all siblings during their assessment.
- CFS staff must prioritize, consistent with the child's best interest and special needs, placement with relatives, fictive kin, and foster parents with a significant relationship with the child.
- CFS staff must provide resource parents with sufficient, up-to-date information regarding the child's:
 - Current functioning and behaviors;

- o Medical, health and dental needs, including service providers contact information;
- o Case history including why the child came into foster care;
- o History of previous placements and reasons for placement changes;
- Cultural and racial identity;
- o Educational, developmental or special needs of the child;
- o Interests and talents;
- Attachment to current caretakers; and
- o Individualized and unique needs of the child.
- CFS staff must begin with the assumption that all siblings should be placed together at the first placement unless there is evidence that placement together is contrary to the children's safety.
- CFS staff must begin diligent search for all maternal and paternal relatives and notify relatives within 30 days of child(ren) entering foster care and document their efforts in iCARE under the relative screen.
- CFS staff must inform previous resource placements, if this is a re-entry, to explore potential placement options.
- CFS staff must inform resource parents that there are siblings, and the permanency plan will likely be to keep them together or reunite them.
- CFS staff must determine if there are siblings already in placement when a child comes into placement. If so, look to that resource family as the first placement.
- CFS staff must continue to diligently search for a placement that can take all the siblings if the children must be placed separately in their initial placement. The importance of sibling connections is an area requiring ongoing assessment.
- CFS staff must ensure information sharing occurs with resource parents, which includes providing them with the following documents:
 - Cooperative Agreement
 - o Child's Alternate Care Plan
 - o Resource Family Plan
 - Purpose of Visits
 - o Child Family Social Medical Form (child's portion)
 - Youth Bill of Rights (ages 8 years old and older)
 - o Independent Living plan (14 years and older)

Permanency Planning

- CFS staff must continue to seek permanent kinship/relative placements for all children to the greatest extent possible. A genogram and ecomap should be developed with the family to identify all possible resources.
- CFS staff must involve the children and extended family members in planning that will enable siblings to live together if possible, or near one another and/or able to maintain

- contact if not.
- CFS staff must conduct specific recruitment for sibling groups reach out to neighbors, school staff, and others who know one or all the children.
- CFS staff must present all the children in the group together when using Wednesday's Child, Northwest Adoption Exchange, or AdoptUSKids, unless an exception has been made and documented. Have their picture taken together and make it clear that a family is being sought for the entire group.
- CFS staff must ensure each resource family is to be approached about accepting the other sibling(s) if the permanency plan includes adoption and if siblings are placed separately.
- CFS staff must ensure the parents of the adopted child(ren) are to be approached regarding placement of new siblings when they enter foster care, in the event a child's sibling was previously adopted.
- CFS staff must assist the family in establishing post-adoption contact and visitation plans if children are adopted separately.
- CFS staff must ensure the siblings be educated about the Adoption Registry so they may establish contact after age eighteen, if siblings will not be placed permanently together and at least one child is placed for adoption.

Placement Changes/Transitions

- CFS staff must promote and support placement stability.
- CFS staff must ensure contact/home visits with children and resource families are effective and supportive.
- CFS staff must work collaboratively with, and provide written notification of any placement change to, the parent/legal guardian, a child's tribe and Indian custodians, guardian ad litem/child's attorney, and the resource parent, to ensure successful placement transitions for children.
- CFS staff must document placement changes in iCARE under the child's current placement service request.

GUIDING PRINCIPLES AND LEGAL CONSIDERATIONS

A key component of a child's well-being is their continued connection to relatives. Title IV-E of the Social Security Act, the Adoption and Safe Families Act (ASFA), the Fostering Connections to Success and Increasing Adoptions Act, the Preventing Sex Trafficking and Strengthening Families Act, Idaho Code, and IDAPA Rules all support the engagement of and priority placement with fit and willing relatives.

<u>Fostering Connections to Success and Increasing Adoptions Act</u> – Federal legislation which requires CFS to identify and notify all adult relatives when a child is taken into state custody to ensure the relatives have an opportunity to provide support through contact and/or becoming a foster parent, guardian, or adoptive parent for their relative child. Within 30 days after removal of a child from their home, CFS social workers must make efforts to identify and notice all the child's adult relatives.

Fostering Connections also requires reasonable efforts to place siblings in the same adoptive or guardianship placement. If siblings cannot be placed together, reasonable efforts must be made to facilitate frequent visitation or ongoing interaction. In cases where siblings cannot be placed together and/or cannot have frequent visitation, reasons why it is contrary to the safety or well-being of the siblings to be placed together or have frequent visitation must be documented.

<u>Idaho Code</u>, <u>Title 16</u>, <u>Chapter 16</u>, <u>Section 1629(11)</u> – The Child Protective Act requires CFS to consider, consistent with a child's best interests and special needs, placement priority of a child in the following order:

- 1. A fit and willing relative;
- 2. A fit and willing non-relative with a significant relationship with the child;
- 3. Foster parents and other persons licensed to provide care with a significant relationship with the child;
- 4. Foster parents and other persons licensed to provide care.

Absent the presence of compelling circumstances, a fit and willing relative must be given priority over non-relatives (including fictive kin and foster parents) when it comes to deciding where to place a child in the legal custody or guardianship of the Department. Compelling circumstances exist if relative placement is contrary to the child's best interests. Examples of compelling circumstances include (but are not limited to):

- A relative who is deemed unfit is unable to meet Idaho's foster/adoptive licensing requirements or if they reside out of state they would not be approved for placement.
- A relative who does not recognize and/or is unwilling or unable to provide for a child's special needs, despite the Department's attempts to educate them about those needs.
- Relative placement would separate a child from a placement with a sibling.
- Safety issues.
- The relative has failed to follow-through with visitation, contact or relationship-building activities with the child, despite the Department's repeated efforts to engage them in these activities.

<u>The Indian Child Welfare Act (ICWA)</u> – ICWA is a federal law that, specific to placement, seeks to keep American Indian children with American Indian/Alaska Native families. For placement of children in a foster care or pre-adoptive placement, ICWA outlines placement preference for American Indian and Alaska Native children as follows:

- A member of the Indian child's extended family;
- A foster home that is licensed, approved, or specified by the Indian child's Tribe;
- An Indian foster home licensed or approved by an authorized non-Indian licensing authority; or
- An institution for children approved by an Indian Tribe or operated by an Indian organization which has a program suitable to meet the child's needs.

If the Indian Child's Tribe has established a different order of preference than that specified above the Tribe's placement preferences applies if the placement is the least restrictive family-like setting; taking into consideration the sibling attachment and the particular needs of the Indian child. In addition, the placement preference of the Indian child or Indian child's parent must be considered. Please see the <u>Standard for Implementing the Indian Child Welfare Act</u>.

<u>Multiethnic Placement Act (MEPA)</u> – MEPA was passed in 1994 as part of federal efforts to reduce delays in the permanent placement of children in out of home care. MEPA contains three major provisions:

- Prohibits agencies from delaying foster or adoptive placements because of a child's foster/adoptive parent's race, color, or national origin.
- Prohibits agencies from considering race, color, or national origin as a basis for denying approval as a foster or adoptive parent.
- Requires agencies to diligently recruit a diverse base of foster and adoptive parents to better reflect the racial and ethnic makeup of children in out of home care.

<u>Preventing Sex Trafficking and Strengthening Families Act</u> – Federal legislation which requires CFS to notify parents of a child's sibling(s) when that child is placed in foster care. Notification must occur within 30 days of the child's removal and follow the same guidelines as relative notification required under the Fostering Connections to Success and Increasing Adoptions Act.

IMPLEMENTING THE STANDARD

To preserve the well-being of children that enter the system, out-of-home placements must be in the least restrictive setting possible. Research and Federal law (42 U.S.C. 675(5)) support the notion that a child should be placed in the least restrictive, most family-like environment available. Living with at least one parental figure is integral to a child's healthy development and continues to confer benefits that contribute to his success throughout life. Nurturing families treat

children as individuals, leveraging their strengths, meeting their needs, and encouraging developmentally appropriate independent within a caring relationship. In addition, the commitment and stability of a child's placement plays a vital role in maintaining connections and ensuring a child's safety, well-being, and permanency.

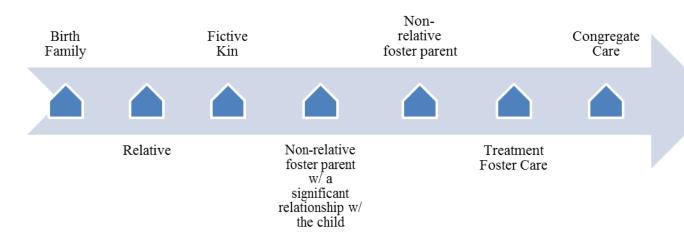
Placement decisions depend on a multitude of factors: the CFS social worker's collection and assessment of the child's functioning and needs; the licensing/placement social worker's assessment of the prospective foster care placement; and the eight best interest factors.

Information about the child's functioning is gathered through the formal comprehensive safety assessment, ongoing informal assessments, and collaboration with the child's service providers throughout the life of the case. The information collected regarding the child's functioning is utilized to determine the child's best interest, which is the primary consideration for all placement decisions. Child and Family Services defines "best interest" as eight factors which, when combined, identify the current and potential individual needs of a child. The factors include the child's:

- 1. Emotional/behavioral needs.
- 2. Medical/physical needs.
- 3. Educational/developmental needs.
- 4. Cultural/religious needs.
- 5. Trauma history and past experiences.
- 6. Relationships with parents, relatives, siblings, and current caretakers.
- 7. Interests and community connections.
- 8. Family placement preferences.

Research not only highlights the importance of relative and sibling connections, but also on the impact on placement changes of a child's attachment and overall development. Child and Family Services carefully considers both when making individual child placement recommendations and policy decisions. Therefore, no one best interest factor is considered more or less important than the others. The weight placed on any one factor over others is highly dependent on the identified needs of a particular child or sibling group.

The most appropriate placement must be the least restrictive and culturally-relevant placement setting to meet the child(ren)'s developmental, medical, behavioral, and/or treatment needs. Additional information to consider in making a placement decision is the potential resource family's overall functioning, the resource parents' skills and knowledge in child development, parenting practices, and discipline, and their protective capacities. The chart below outlines the continuum of least restrictive placements.



Consistent with the child's best interest and special needs, placements shall comply with placement priority outlined in Idaho Code, Title 16, Chapter 16, Section 1629:

- a) A fit and willing relative.
- b) A fit and willing nonrelative with a significant relationship with the child, fictive kin.
- c) Foster parents and other person licensed in accordance with chapter 12, title 39, Idaho Code, with a significant relationship with the child.
- d) Foster parents and other persons licensed in accordance with chapter 12, title 39, Idaho Code.

If a child is determined to be Native American/Alaska Native (AI/AN), the CFS social worker must follow the ICWA placement preferences. ICWA identifies specific and prioritized out-of-home living arrangements in which an AI/AN child will be placed. The preferences are meant to assure the child will be living as close his/her family as possible and will be reflective of the unique values of the child's Indian culture. Please refer to the Standard for Implementing the Indian Child Welfare Act for further guidance.

Upon a child being placed in foster care, the CFS social worker should immediately begin to search for relative/fictive kin placements and/or previous foster placement with a significant relationship with the child, striving to ensure siblings are placed together. This includes obtaining relative/fictive kin information from the birth parents and child, immediately

contacting relatives/fictive kin, assessing relatives/fictive kin, and researching iCARE for previous involvement/placements, and if applicable, contacting previous resource parents with whom they have a significant relationship to determine viable placement and/or support options.

In order to be considered "fit and willing," a relative must qualify as a licensed foster home and/or receive a positive adoption home study. The CFS social worker must ensure relatives and/or fictive kin are carefully assessed, properly trained, and effectively supported. The relative must possess protective capacities; be able and willing to recognize and provide for a child's special needs; provide a safe and nurturing home for the sibling group when the child is being placed with his or her siblings; ensure the child's safety; and follow-through with visitation, contact, or relationship-building activities with the child prior to placement in their home.

For viable relatives/fictive kin who reside locally, the case worker may utilize the Code X Expedited Placement process. This expedited process may be utilized under the following circumstances:

- 1. A first emergency placement (imminent danger); or
- 2. No more than thirty (30) days from initial placement when a relative or fictive kin is found: or
- 3. When the child is in danger of losing their current foster care placement.

Please refer to the Relative/Fictive Kin Expedited Placement Standard for further guidance.

If there are multiple relative placement options, CFS may utilize a Family Group Decision Making meeting to bring family members together to determine the placement. The involvement of parents, children, extended family members, resource families, and community supports in the placement decision is fundamental to the process. Early identification of relatives to include in family meetings is critical. Parents should be encouraged to identify both maternal and paternal family members, as well as fictive kin and individuals close to the family who might be of help in determining elements of the service plan.

If there are no local relative/fictive kin placement options, CFS must consider and explore any previous foster care placements with a significant relationship with the child. This information may be provided by the parents or accessed in iCARE. CFS should contact previous resource parents with a significant relationship with the child to explore placement options.

If upon exploring, assessing and considering the above-mentioned placement preferences there are no viable placement options, a child is typically placed with a licensed non-relative resource parent, intended to be a temporary placement until a permanent placement—such as reunification with birth family, legal guardianship or adoption—can be found. CFS social workers should

attempt to match the child with an appropriate resource family that has the skill, knowledge, and expertise in meeting needs similar to the child's and is in the same community in an effort to maintain the child's connections. If the child has significant mental health, behavioral, and/or developmental needs requiring a higher level of care this should be staffed with a supervisor and chief.

Treatment foster care and congregate care placements should be based on the specialized behavioral and mental health needs or clinical disabilities of a child. These placements should be temporary and used only for as long as is needed to stabilize the child or youth so they can return to a family-like setting.

In situations where relative/fictive kin placement options are identified, but located outside of the local area, CFS must make careful consideration in determining placement, as placement outside the area may impact the agency's ability to make reasonable efforts in working towards reunification. It may also create barriers to visitation between the child and birth parent. If the family resides in the state of Idaho, a request for a foster care/adoption home study may be made to the Idaho child welfare office near the family's home.

If the family resides outside the state of Idaho, CFS must comply with Interstate Compact for Placement of Children (ICPC) requirements. ICPC home studies and approvals are required to be completed within 60 calendar days of receiving the request. However, due to workload constraints and other state processes, these requests can take up to six months. It is important for requests to be submitted as early in the case as possible. While reunification efforts are being made and the requested home studies are being completed, the CFS social worker must encourage the relative/fictive kin to maintain their relationship between the child through face to face visits, phone calls, and other methods. The CFS social worker must also support the child's current resource parent in maintaining this relationship with the relative/fictive kin. Please refer to the Permanency Placement Standard and the Interstate Compact for Placement of Children Standard for further information.

Sibling Placement

Child and Family Services must also make reasonable efforts to place siblings together when they are in foster care. Siblings are to be placed together in foster care and adoption at the earliest possible time unless it is determined not to be in the best interests of a sibling or it is not possible after appropriate documented efforts by CFS. It is the responsibility of CFS to develop resource family options sufficient to meet the needs of sibling groups. This is one of the reasons CFS prioritizes the placement of children in relative homes. Reasonable efforts must be made to provide ongoing interaction between siblings in situations where sibling groups are unable to be placed together. It is essential that both staff and the families who foster and adopt children with siblings understand the importance of sibling relationships.

Placement of siblings together can serve many purposes such as:

- Preservation of the sibling relationship and bond or establishment of a healthy, rewarding bond between siblings who may or may not have had any significant prior relationship or bond with one another;
- Minimize or mitigate the impact of separation from family and familiar surroundings;
- Minimize the impact of the trauma from abuse and neglect. Because of their shared experiences in their family, siblings understand each other and their shared history;
- Providing support through developmental changes and growth;
- Strengthen the siblings' self-esteem through acceptance, unconditional love and a sense of belonging; and
- Strengthen the siblings' skills at relationships, support, communication, and resolving conflicts with others.

The sibling bond is important—separate from the bond between parents and their children. Siblings typically share the same history, heritage, and biology, unlike any other relationship. The sibling relationship is unique and must be fostered in its own right. When children are placed in foster care, they experience many losses. They often are able to understand why they cannot be with their parents, but cannot understand why they cannot be with their siblings. Adult adoptees and foster care alumni both describe the loss of sibling contact as the most devastating loss they experienced.

There are times when placement of siblings together is not possible. These situations may include:

- The special needs of one of the siblings;
- An abusive relationship between the siblings where therapy, with a safety plan in place, is not effective or not the appropriate intervention;
- A foster placement that lacks the resources and/or capacity to care for all the siblings;
- The need to establish timely permanency for one or more of the siblings;
- One or more of the siblings is in residential treatment, hospitalized, or in juvenile detention; and/or
- An older sibling who does not consent to adoption.

If siblings are separated the following guidelines are to be followed:

- Valid reasons must be identified and documented for not placing siblings together.
- Never make the decision to separate siblings alone. Include the court, resource family, therapists/counselors, supervisors, permanency committee, guardian ad litem (GAL), and others who have played an important role in the child's life when possible. If placement is made during on-call hours, decisions to separate siblings should be reviewed with the supervisor the next day and clearly documented.

- Children who are not initially placed together should have contact within 48 hours of placement.
- One worker should continue to have case responsibility for all the siblings.
- Siblings should be placed in homes as geographically near to each other as possible.
- Siblings should be registered in the same school or district when those resources are available.
- Educate resource families on the importance of the sibling bond while the children are separated. Encourage activities such as family-to-family visits, sleepover visits, joint lunches/dinners, playgroup meetings, attendance at one another's schools and sporting events, and having siblings join the same sports teams.
- The plan to separate is to be supported by a specific, concrete plan for future contacts between the children.
- Write sibling visits into alternate care plans and provide transportation and other supports
 resource families need to make those visits happen regularly. The plan should clearly
 state who will be responsible to ensure visits happen.
- At a minimum, face-to-face visits between siblings who are in alternate care and were in the same household when the child was removed, should occur at least monthly.
 Additional contact between siblings placed in different homes or facilities may include telephone calls, e-mail, and letters.
- Reasons for exceptions to monthly visits or contact between siblings must be clearly documented.
- If visits are cancelled, not scheduled, or otherwise do not happen, this should be fully explained to each sibling and clearly documented in iCARE under the monthly summary narrative.

Sibling separation must be assessed as part of the ongoing re-assessment of safety and concurrent planning during the case (see the Concurrent Planning Standard for further information). Efforts are to be made to maintain sibling contact, strengthen sibling relationships and reunite the children whenever it is safe to do so. When siblings remain in separate placements three months after entering foster care, a Sibling Placement Meeting should be held to determine the need to recruit for a concurrent planning family (see the Permanent Placement Standard for further information). The child's best interest is the primary consideration in placement. Any decision to separate siblings initially, during, or after placement must be handled as an exception to policy and must be clearly documented.

Information to Be Shared with the Resource Parents at Initial Placement and on an Ongoing Basis

The disclosure of information to resource parents, congregate care, and other care providers is necessary to determine an appropriate placement as well as for caregivers to provide adequate care and supervision to the children placed in their care. Resource parents respond directly to the

needs of children in care and therefore, need to have a thorough understanding of the needs and behaviors of children placed with them. Resource parents play a critical role in building positive alliances with children's parents, facilitating visitation and reunification efforts, and serve as members of the professional team. It is essential resource parents have the information necessary to carry out this role; resulting in positive outcomes for children and families. Please refer to the Standard for Confidentiality for further information.

In addition to this information sharing, resource parents should be provided with the following documents:

- Cooperative Agreement
- Child's Alternate Care Plan
- Resource Family Plan
- Purpose of Visits
- Child Family Social Medical Form (child's portion)
- Youth Bill of Rights (ages 8 years old and older)
- Independent Living plan (14 years and older)

Another critical tool that can be implemented to assist in fostering relationships between the birth parent and the resource parents is facilitating an icebreaker. An icebreaker provides an opportunity for a child's birth parents and resource parents to meet and exchange information for the benefit and support of the child in care. The most effective icebreakers occur soon after removal. They assist in alleviating any misconceptions about one another and create a safe environment to discuss the important needs of the child. The birth parent and resource parents can share information about themselves, their family routines and traditions, and the child's needs. These meetings help children adjust more easily to the resource family, maintain better bonds with their birth parents, and help reduce negative behaviors.

Exploring Relative Placement

The identification of relatives must be made as early as possible to aid in the continuation of a child's relationships and reduce the likelihood of placement changes late in the case. The involvement of relatives can be supportive to birth parents, children, and resource families. The Fostering Connections to Success and Increasing Adoptions Act of 2008 requires CFS to identify and notify all adult relatives within 30 days of a child's placement into state custody. The Sex Trafficking and Strengthening Families Act of 2014 clarified relatives requiring notification include the parents of a child's sibling(s) when that parent has custody of the sibling. This includes the adoptive parent(s) of any siblings. Notification is necessary to ensure the relatives have an opportunity to provide support through contact and, in some cases, become a resource parent or legal guardian for their relative child. Please see the Concurrent Planning Standard for more information.

Relatives often know a significant amount about the family's functioning. Their level of engagement within the case can vary widely. CFS social workers must instruct relatives that due to the bonds of attachment the child forms with their caregivers, it may not be in the child's best interest to change placement to a relative who shows interest in being a placement resource later on in a case. They must be made aware that when relatives wait to come forward until it is clear that their relative child cannot return home, and the child is in another stable permanent resource placement, CFS may not consider the relative a possible placement resource as it may not be in the best interest of the child to place with his/her relative at that time.

Relatives unable or unwilling to be a placement option may still be able to visit with the child, supervise parent visitation, provide respite, assist the birth parents or resource parents with transportation or provide support in other ways.

In order to meet relative placement expectations, CFS must demonstrate concerted efforts have been made to identify, locate, inform, and evaluate for placement both maternal and paternal relatives of children placed in foster care. The Administration for Children and Families Children's Bureau has defined expectations for concerted efforts for relative placement to include:

- Asking the child, parents, and other existing caregivers for relative information.
- Sending letters to relatives informing them of the case status.
- Conducting home studies for relatives.
- Resuming relative searches and re-evaluating previously ruled out relatives when a child needs to change placements. Social workers must also explain relatives' options to provide support through contact, and to participate in the child's care and placement.
 Some of the efforts to identify and involve relatives in planning may include letters, phone calls, Family Group Decision Making meetings, and completion of genograms and ecomaps.

CFS has access to the statewide Locate Services through the Central Office Child Welfare Funding Team. Locate Services can also assist in locating a child's relatives.

Placement Stability

Placement stability for a child is defined as the child remaining in one placement until permanence. Placement stability is essential to a child's well-being. Stability in safe, nurturing, family settings affords children opportunities to develop positive and supportive relationships, especially with caregivers and other significant adults that, in turn, facilitate normative development. Stability in family settings also provides continuity in school settings, peer networks, health care providers, and access to community resources and activities. Children who enter foster care have been exposed to family instability and to adverse experiences that increase their risk for maladaptive outcomes.

For children in-out-of home care, it is essential to assure placement stability and avoid unnecessary disruptions. Moving children and youth from one placement to another may be appropriate when the move supports achievement of case plan goals; however, generally foster care moves seem to do more harm than good. As children experience placement changes, they can develop distress, loss, and an absence of belonging which can result in feelings of distrust and fear of forming healthy relationships and attachments with others. In addition, caused by an array of systemic and child/resource family factors, placement disruptions can contribute to behavioral and attachment problems as well as other challenges for children, such as mental health issues, educational, under-achievement, and unemployment, and poverty in adulthood.

Research indicates key findings related to risk and protective factors for placement disruptions include:

- The externalizing behaviors of the child (i.e., disruptive, aggressive, or dangerous behaviors) as one of the strongest predictors of placement disruption.
- The resource parents' ability to manage a child's problem behavior, their "goodness of fit" with a child; including a match in temperaments and having relationships that are described as close; their motivation and support system.
- The first six months of a placement is crucial, with 70% of disruptions occurring within this timeframe.
- The relationship of the caseworker to the resource parents and child, including the amount of time spent with the family and ability to build rapport.
- Kinship care has been linked to greater stability.
- The child's first placement is also connected to later stability.
- As the number of previous placements increase for a child; the number of placement disruptions also increases.

CFS practice emphasizes placement stability, limiting the number of moves for children in foster care. CFS social workers must make concerted efforts to limit placement disruptions through ongoing assessments of the placement and needs of the child(ren) and resource family. Effective and supportive home visits with the child and resource family by the assigned case worker are significant and can influence placement stability. CFS social workers must ensure the needs of the child and resource family are addressed in effort to promote the child's safety, well-being, and permanency. If there are ongoing concerns about the child's placement stability, the CFS social worker should utilize a stability staffing as a forum to ensure the agency and resource family have exhausted all possible solutions to achieve placement stability.

Placement Changes

All child placement changes originate from one of two ways either Department recommended or are externally initiated. Department recommended placement changes ensure the child's safety, well-being, and permanency, and are typically aligned with the child's case plan/permanency goals. Externally initiated placement changes derive from entities outside the Department; they are not anticipated or necessarily aligned with the child's permanency goals.

Department recommended placement changes are categorized as planned or unplanned placement changes. Planned placement changes are positive with the intent to advance towards the achievement of the child's permanency goals, such as a placement with a relative/fictive kin or to a pre-adoptive home. All planned placement changes are known to everyone involved (i.e. resource parents, birth parents/legal guardian, guardian ad litem/child's attorney, tribe) and arrangements for the placement change have been made in advance. Transition plans should be developed to support everyone involved in the placement change.

Unplanned placement changes are an unexpected disruption in the child's placement. Unplanned placement changes are typically not aligned with the child's permanency plan. Department recommended unplanned placement changes only include situations in which the CFS social worker determines there is abuse or neglect, or a substantial risk of abuse or neglect in the foster home. In these circumstances the placement change may occur without a supervisory review.

All externally initiated placement changes are unplanned, such as an immediate hospitalization of a child due to an emergent health or psychiatric need, or a placement change due to a resource parent request.

Unannounced placement changes are unplanned and very rare. They are only utilized in situations in which there is an immediate safety threat to the child if they remain in their placement. These situations require immediate action by the agency to remove the child from the Department of Juvenile Corrections (DJC) placement for purposes of ensuring their safety without providing proper notification to the resource family. Please note, that any unplanned placement change initiated by CFS resulting in an unannounced move must be approved by a program manager, and the Deputy Division Administrator must be made aware.

Please see attachment A: Placement Change Flowchart for further information.

Child and Family Services staff must ensure they are communicating any placement change to the child's parents, legal guardians, guardian ad litem/child's attorney, when applicable, a child's tribe and Indian custodians, current resource parents, and prospective placement on all placement changes. Written notice must be provided of all placement changes.

- Notification of Planned Placement Changes: For all Department recommended planned placement changes in which the child has been placed for sixty (60) or more calendar days, supervisory approval is required to ensure the placement change is in the best interest of the child. The supervisor shall consider the best interests and special needs of the child, including:
 - The clearly stated reasons for the recommended change in the placement;
 - The number of times the child's placement has been changed since removal from their home and the reasons for each change;
 - Whether the child will change schools as a result of the change in placement;
 and
 - Whether the change in placement will separate or reunited siblings or affect sibling visitation.

Written notice regarding Department recommended planned placement changes must be provided to the child's parents, legal guardians, guardian ad litem, resource parents, and when applicable, a child's tribe and Indian custodians, at least seven (7) days before the change in placement. For planned placement changes that occur within the first sixty (60) days of a child's placement, notification will occur as soon as possible, but no later than seven (7) days following the change in placement.

- Notification of Unplanned Placement Changes: Written notice regarding unplanned placement changes must be provided to the child's parents, legal guardians, guardian ad litem/child's attorney, and when applicable, a child's tribe and Indian custodians, and resource parents. Written notification of all unplanned placement changes must be provided no later than seven (7) days following the placement change.
- Written Notification Requirements: Written notification will be generated out of iCARE. All placement change written notifications must clearly state the reasons for the change in placement of the child. For planned placement changes, please provide a brief summary indicating why the placement is in the child's best interest. Based on the case circumstances, please consider utilizing the following best interest factors: emotional/behavioral needs of child; medical physical needs; educational/developmental needs; cultural/religious needs; trauma history and past experiences; relationship with parents, relatives, siblings and current caretakers; child's interest and community connections; and child and family placement preferences.

*Note: Written notification does not need to be sent for the following placement settings: detention, DJC, hospital settings, congregate care, if the child is placed on an extended home visit, or level changes within the same placement setting. In addition, notice is not required for the termination of an extended home visit.

Any placement change which could be considered contentious, or which the current resource parent is not in agreement with, must be staffed with the program manager. Reasons for the placement change, notice to the resource parents regarding the placement change, and a transition plan must all be documented in iCARE.

Transitions

Any change in placement for a child is a major disturbance; it is likely to evoke earlier experiences of abandonment and traumatic loss. In planning for a change in placement it is important to avoid replicating these traumatic experiences and provide a child with an experience that, though painful, can be tolerated and integrated. Transition planning and practice applies to any move of any child in foster care, including to or from a birth parent. Once a child attaches to a caregiver and that caregiver has become the psychological parent, it is crucial that the transition be as emotionally protective as possible. Poorly executed or improperly timed transitions may adversely impact a child's healthy development as well as the child's continuing capacity to attach to others. Placement changes that occur abruptly and include trauma can lead to pathological and complicated grief. Also, "it is not possible for children who are in shock and denial to form a smooth attachment to a new psychological parent, or attachment figure."

A caring transition is the most effective way to minimize the damage resulting from the trauma of loss. The goal of a transition plan must be to transfer the source of safety and security from the current placement to the identified placement change. To make transitions as painless as possible, information sharing and the development of constructive relationships between the two families are essential. With the exception of an extreme emergency, children should not be moved without a thoughtful transition period. In addition, allowing the child enough time to process the information about the new move is crucial. CFS social workers should discuss the move with the child in an accurate and sensitive manner.

Attention to a child's transition plan may help to offset some of the emotional consequences of the process. Careful preparation is required from everyone involved, including the child. Carefully defining the essential needs for children, tailored to each development level, is a crucial part of successful moves. Focusing on accomplishing the essentials during a change in placement requires careful attention to:

- Maintaining children's identities and areas of mastery.
- Transferring attachments from one caregiver to another as much as possible.
- Maintaining attachment to family members, especially siblings.
- Moving children with as little shock and trauma as possible.
- Helping them to calm down and achieve predictability in their new homes as quickly as possible.

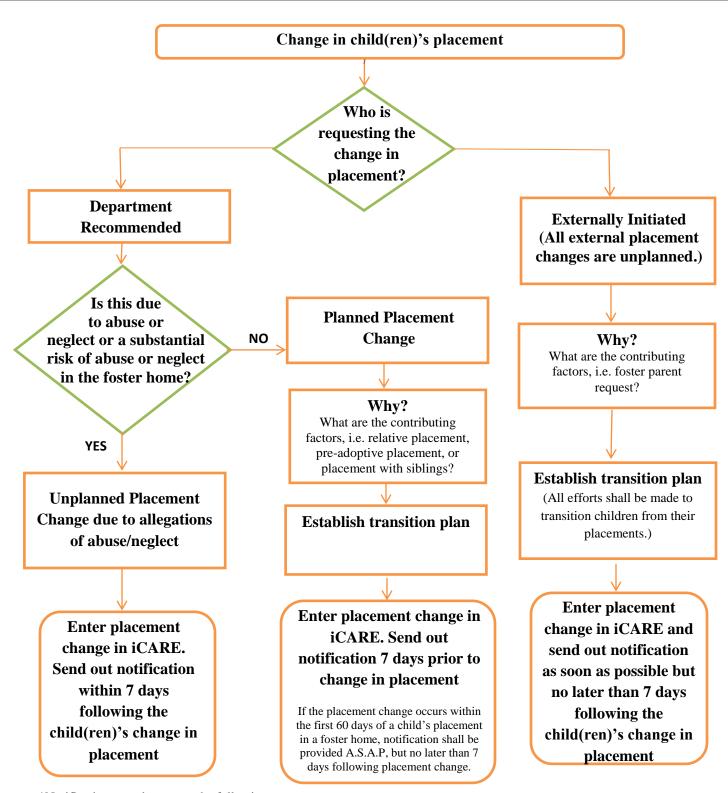
Facilitating a transition can vary per the needs and cognitive ability of the child and the willingness of the current and potential placements, i.e. resource parents or birth parents.

Transition plans should be developed for all planned placements. This includes arrangements for the current and future placements to exchange information and spend time together with the child(ren). For a transition plan to be successful, it must be thoughtful, comprehensive, and inclusive. The transition plan should include the following key components:

- Clarify and identify roles and responsibilities of all involved.
- Family information share.
- Meeting between the current resource family and the new family in the presence of the child at current resource family's home.
- Meeting between the child and the new family at the future caretaker's home.
- Pre-placement visits. If possible, the first visit should take place in the current resource parent's home, if this is a familiar and secure place for the child. The second should occur in the future placement home. The frequency, length and time of occurrence of pre-placement visits should depend on the child's age and progress. Pre-placement visits should include the child's daily routines of the current resource parent's household, i.e. bathing, bedtime, playtime, etc. These visits should encourage the participation of the future resource/adoptive/birth parents. Gradual decline in contact should occur between current resource family and child.
- Encourage the current resource parents to visit the home of the future placement.
- Implement a booklet; utilize the child's LifeBook, for the child to process the move.
- Service/support integration strategies.
- Strategies the family can use to assist the child in transitioning.
- Identify other natural supports.

For a transition plan template please click on Transition Plan.

Any action taken not consistent with this standard must be pre-approved by the FACS Division Administrator or designee. The action, rationale and approval must be documented in the file.



*Notification must be sent to the following:

- Parent or Legal Guardian
- GAL/Attorney
- Tribe/Indian Custodian
- Resource Parent

*Note: Written notification does not need to be sent for the following placement settings: detention, DJC, hospital settings, congregate care. Written notification does not need to be sent to the resource parent for extended home visits or level changes within the same placement, i.e. a level change to indicate a pre-adoptive placement.